

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

11-19-02

#12

Applicant : Lino R. Becerra, et al.
Application No. : 09/822,585
Filed : March 30, 2001
Entitled : METHOD AND APPARATUS FOR
OBJECTIVELY MEASURING PAIN, PAIN
TREATMENT AND OTHER RELATED
TECHNIQUES
Docket No. : MGH-004BUS

Group Art Unit: 3737

Examiner: S. Shaw

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24 OCT 02
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By: *Christopher S. Daly*
Christopher S. Daly
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Attorney for Applicant(s)

RESPONSE

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Restriction Requirement dated September, 24, 2002, Applicant hereby elects the Group I claims (Claims 1-30).

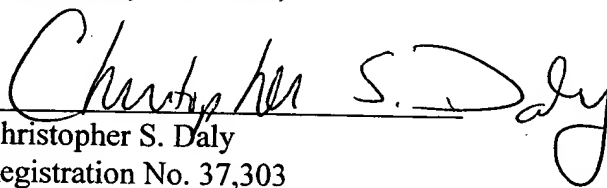
If the Examiner has any questions regarding this amendment or this application, he is respectfully invited to telephone the undersigning attorney.

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The Assistant Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 500845.

Respectfully submitted,

Dated: 24 OCT 02


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| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/822,585 | |
| | Filed On | March 30, 2001 | |
| | First Named Inventor | Lino R. Becerra | |
| | Group Art Unit | 3737 | |
| | Examiner Name | Shawna J. Shaw | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | MGH-004BUS |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return-receipt postcard |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | In the event a petition for extension of time is required by this paper and not otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Christopher S. Daly Reg. No. 37,303 Daly, Crowley & Mofford, LLP |
| Signature | |
| Date | 24 OCT 02 |

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